FORM APPROVED OMB NO. 0575-0120

Form RD 1942-53 (Rev. 4-97)

CASH FLOW REPORT

Name			Address		
Applicant Fiscal Year From To 7	actual Data for	Months	 Ended	County	State & Zip Code
(1)	PRIOR YEAR ACTUAL (2)	ANNUAL BUDGET (3)	CURRENT QUARTER (4)	YEAR TO DATE (5)	
General Account Beginning Cash Balance	· ' '	(-)	()	(-)	
Cash Receipts					
nterest Income					
Loan Proceeds					
Total Cash Available (A)					
Cash Outflow					
Operating Expenses					
oan Payments (P&I)					
Construction Expenses					
Other Transfers					
Fotal Cash Outflow (B)					
Other Fund Balances					
Reserve Account					
Funded Depreciation					
Other Investments					
Other					
Fotal Balances – All Funds (C + D)					
Budget approved by Governing Body, certified correct				Da	te